

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Paul Spain for Congress

ADDRESS (number and street)

P O Box 294018



Check if different than previously reported. (ACC)

Boca Raton

FL

33429

2. FEC IDENTIFICATION NUMBER ▼

C

C00564948

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

FL

22

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

04

D D / Y Y Y Y

01

Y Y Y Y

2014

through

M M / D D / Y Y Y Y

06

D D / Y Y Y Y

30

Y Y Y Y

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jane C. Pike

Signature of Treasurer Jane C. Pike

[Electronically Filed]

Date

M M / D D / Y Y Y Y

07

D D / Y Y Y Y

15

Y Y Y Y

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Paul Spain for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	1701.00	1701.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	1701.00	1701.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	2951.06	2951.06
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	2951.06	2951.06
8. Cash on Hand at Close of Reporting Period (from Line 27).....	11809.94	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	40500.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 12

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Paul Spain for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

I. RECEIPTS**COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

0.00

0.00

(ii) Unitemized.....

1701.00

1701.00

(iii) TOTAL of contributions from individuals ▶

1701.00

1701.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

1701.00

1701.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

40500.00

40500.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

40500.00

40500.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

42201.00

42201.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 12

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2951.06	2951.06
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	27440.00	27440.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	30391.06	30391.06

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	42201.00
25. SUBTOTAL (add Line 23 and Line 24).....	42201.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	30391.06
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	11809.94

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 12

<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Paul Spain for Congress

A. Full Name (Last, First, Middle Initial) Paul David Spain		Date of Receipt M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 1320 Estuary Trail		Transaction ID : SA13A.4100 Amount of Each Receipt this Period 10500.00 Initial loan for filing
City Delray Beach	State FL	
Zip Code 33483		
FEC ID number of contributing federal political committee. C		
Name of Employer Candidate	Occupation	Amount of Each Receipt this Period 10500.00 Initial loan for filing
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 10500.00	

B. Full Name (Last, First, Middle Initial) Paul David Spain		Date of Receipt M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 1320 Estuary Trail		Transaction ID : SA13A.4101 Amount of Each Receipt this Period 25000.00 2nd loan for campaign
City Delray Beach	State FL	
Zip Code 33483		
FEC ID number of contributing federal political committee. C		
Name of Employer Candidate	Occupation	Amount of Each Receipt this Period 25000.00 2nd loan for campaign
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 35500.00	

C. Full Name (Last, First, Middle Initial) Paul David Spain		Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 1320 Estuary Trail		Transaction ID : SA13A.4102 Amount of Each Receipt this Period 5000.00 3rd loan for campaign
City Delray Beach	State FL	
Zip Code 33483		
FEC ID number of contributing federal political committee. C		
Name of Employer Candidate	Occupation	Amount of Each Receipt this Period 5000.00 3rd loan for campaign
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 40500.00	

SUBTOTAL of Receipts This Page (optional).....	40500.00
TOTAL This Period (last page this line number only).....	40500.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 12

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Paul Spain for Congress

Full Name (Last, First, Middle Initial)

A. Investments Limited

Mailing Address 4400 N Federal Hwy #58

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2014

City	State	Zip Code
Boca Raton	FL	33431

Amount of Each Disbursement this Period

318.00

Purpose of Disbursement
Deposit - Campaign Office HQ

001

Transaction ID : SB17.4185

Candidate Name

Paul Spain for CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: FL District: 22

Full Name (Last, First, Middle Initial)

B. Investments Limited

Mailing Address 4400 N Federal Hwy #58

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		20		2014

City	State	Zip Code
Boca Raton	FL	33431

Amount of Each Disbursement this Period

318.00

Purpose of Disbursement
June Rent - Campaign Office

001

Transaction ID : SB17.4186

Candidate Name

Paul Spain for CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: FL District: 22

Full Name (Last, First, Middle Initial)

c. Mark Graphics

Mailing Address 113 NW 11th Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		17		2014

City	State	Zip Code
Boca Raton	FL	33432

Amount of Each Disbursement this Period

860.25

Purpose of Disbursement
Campaign Fund-raising materials

003

Transaction ID : SB17.4131

Candidate Name

Paul Spain for CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: FL District: 22

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1496.25

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 12

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Paul Spain for Congress

Full Name (Last, First, Middle Initial)

A. Inc. Blake MacDiarmid

Mailing Address 919 NW 2nd Avenue

City	State	Zip Code
Delray Beach	FL	33443

Purpose of Disbursement
Campaign Strategist

003

Candidate Name

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2014

Amount of Each Disbursement this Period

6000.00

Transaction ID : SB21.4180

B. Capital Charter Consulting Group

Mailing Address 11850 Preservation Lane

City	State	Zip Code
Boca Raton	FL	33498

Purpose of Disbursement
Campaign Consulting

003

Candidate Name

Paul Spain for CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: FL

District: 22

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2014

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB21.4190

c. Capital Charter Consulting Group

Mailing Address 11850 Preservation Lane

City	State	Zip Code
Boca Raton	FL	33498

Purpose of Disbursement
Campaign Consulting

003

Candidate Name

Paul Spain for CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: FL

District: 22

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2014

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB21.4188

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

16000.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 12

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Paul Spain for Congress

Full Name (Last, First, Middle Initial)

A. Maggie's List

Mailing Address 6675 Weeping Willow Way

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2014

City	State	Zip Code
Tallahassee	FL	32311

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Maggie's List Function Sponsor Event

012

Transaction ID : SB21.4192

Candidate Name

Paul Spain for CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: FL District: 22

Full Name (Last, First, Middle Initial)

B. State of Florida Election CommissionMailing Address 500 S Bronough Street
Room 316

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2014

City	State	Zip Code
Tallahassee	FL	32399-0250

Amount of Each Disbursement this Period

10440.00

Purpose of Disbursement
Filing Fee - US House Florida District 22Category/
Type**Transaction ID : SB21.4193**

Candidate Name

Paul Spain for Congress

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: FL District: 22

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

11440.00

27440.00

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 10 OF 12

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Paul Spain for CongressTransaction ID : **SC/10.4100****LOAN SOURCE** Full Name (Last, First, Middle Initial)**Paul David Spain****[PERSONAL FUNDS]**

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
1320 Estuary Trail

City

State

ZIP Code

Delray Beach

FL

33483

Original Amount of Loan

10500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10500.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
04 / 11 / 2014

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

0.00

% (apr)

Secured:

☐

Yes

☒

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

10500.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 11 OF 12

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Paul Spain for Congress

Transaction ID : SC/10.4101

LOAN SOURCE Full Name (Last, First, Middle Initial)

Paul David Spain

[PERSONAL FUNDS]

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
1320 Estuary Trail

City

State

ZIP Code

Delray Beach

FL

33483

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
05 / 16 / 2014

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

25000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 12 OF 12

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Paul Spain for Congress

Transaction ID : SC/10.4102

LOAN SOURCE Full Name (Last, First, Middle Initial)

Paul David Spain

[PERSONAL FUNDS]

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
1320 Estuary Trail

City

State

ZIP Code

Delray Beach

FL

33483

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
06 / 20 / 2014

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

TOTALS This Period (last page in this line only)..... ►

40500.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.